2001 UNIFORM BUSINESS REPORT (UBR)

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FETRST CHOICE MEDICAL SUPPLIES, INC.					•	FILE	
Principal Place of Business Malling Address					OI SE	P 28 1	PII 12: 13
637 N.W. 13th Street 627 N.W. 13th Street						taV ()	FRTATE
	esville, FL 3260				pi SECRE TALLA	HA 9 5 7 5	f state 880214 ^A
Principal Place of Business							
637 N.W. 13th Street 637 N.W. 13t				Street			
Suite, Apt. F. etc. Suite, Apt. F. etc.					DO NOT WRITE IN THIS SPACE		
City & State	a	City & State ·			4. FEI Number plied For		
	inesville, FL	Gainesville, FL		59-3668440		iot Applicable	
73p	Country 501 US	72p	Ztp Country 32601 US		5. Certificate of Status Desired	\$8.75 Ad	
32601 US 32601 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
· •- •				Name			
637 N.W. 13th Street					P.O. Box Number is Not Acceptable)		
					*		
Ga	inesville, FL 32	2601		City		Zip Cox	de
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
COMMISSION							•
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	: Registere	bridge endergie proph	when reinstating) DATE		
9. This corporation is eligible to satisfy its intengible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
11.	. OFFICERS AND !	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS A	AD DIRECTO	
TITLE	President	Dolete	TITLE	4		Chaude	CR2E034 (11/00)
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CITY-ST-ZIP		11. PM		\$1-20°	440 07/0VD Florida October 11		
13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information information on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director							
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other like empowered.							
CICNATURE CT.							
SIGNATURE: Date TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date							
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First Choice Medical Supply, I 637 N.W. 13th Street Gainesville, FL 32601

FIRST CHOICE MEDICAL SUPPLIES, INC

September 12, 2001

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

P94000078763

Dear Sir or Madam:

Our company, First Choice Medical Supplies, Inc., did not receive the first notice on filing a fee for the uniform business report. Another company received their September 12th filing date, and I called to see if our company had to pay this. They told me we did, but when I explained that we did not receive any paperwork on this corporation, they told me to pay \$150.00 and to enclose this letter telling you that we did not receive any paperwork on this. I would like to know if we are going to receive any paperwork like this in the future so I will know what we have to send in.

If you have any questions about this report or any answers on the question I have asked, please phone us at 888-532-0555 or fax at 352-381-9525. I would appreciate any help you can give us in this matter to make sure that we send in all the necessary paperwork.

Sincerely,

Juanene Finocchio Office Manager